

FEC FORM 2
STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

10 JUN 24 PM 12: 06

1. (a) Name of Candidate (in full) Al Franken			2. Identification Number S8MN00438	
(b) Address (number and street) P.O. Box 583144		<input type="checkbox"/> Check if address changed		
(c) City, State and ZIP Code Minneapolis MN 55458		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC-FARM-LABOR	5. Office Sought Senate	6. State & District of Candidate MN 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Al Franken for Senate 2014		
(b) Address (number and street) P.O. Box 583144		
(c) City, State and ZIP Code Minneapolis MN 55458		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Franken MVPs		
(b) Address (number and street) PO Box 583144		
(c) City, State and ZIP Code Minneapolis MN 55458		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate Al Franken 	Date 
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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10020414148

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Franken Recount Fund

(b) Address (number and street)

4190 Vinewood Lane, #111-554

(c) City, State and ZIP Code

Minneapolis

55442

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

4 Senate Victory

(b) Address (number and street)

4190 Vinewood Lane, #111-554

(c) City, State and ZIP Code

Minneapolis

55442

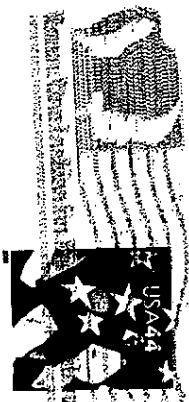
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Al Franken
 DEMOCRAT FOR U.S. SENATE ★
 P.O. Box 583144
 Minneapolis, MN 55458-3144



SENATE RECORDS

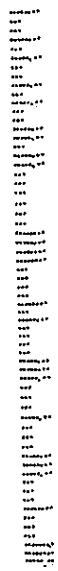
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SECRETARY

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United States Senate

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